

OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 1-82)

LOCAL REPORT NO. 2014-9570		<input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3		Lebanon Police		0830300		ODHS USE ONLY - DO NOT MARK ABOVE				LOCAL FILE NO. 2014-9570			
REPORT TAKEN <input type="checkbox"/> AT STATION <input checked="" type="checkbox"/> AT SCENE		NO OF VEH. PEDESTRIANS INVOLVED 2		CRASH SEVERITY (CHECK MOST SEVERE) <input type="checkbox"/> FATAL <input type="checkbox"/> INJURY <input checked="" type="checkbox"/> PROPERTY DAMAGE ONLY				COMBINED VEH/PROP LOSS <input checked="" type="checkbox"/> OVER \$150 <input type="checkbox"/> UNDER \$150		HIT SKIP <input type="checkbox"/> SOLVED <input type="checkbox"/> UNSOLVED					
IN COUNTY OF WARREN				IN <input checked="" type="checkbox"/> CITY				LEBANON		DATE OF CRASH: 06 10 14 10/5/14		DAY Thursday		TIME: MILITARY 1808	
CRASH OCCURRED ON North parking lot of YMCA				1699 Deerfield Rd, Lebanon				WITHIN THE INTERSECTION OF Parking lot							
IF NOT IN INTERSECTION				N W S E OF				(LIST NEAREST INTERSECTING STREET, MILEPOST, HOUSE NO.)				CITY CODE 8321			
LOG-1		LOG-2		LOC		JUR		FH9		FILT					
A UNIT NO. 1		NO OF OCCUPANTS 1		OPERATING <input checked="" type="checkbox"/>		PARKED <input type="checkbox"/>		DRIVERLESS <input type="checkbox"/>		HIT & RUN NON CONTACT <input type="checkbox"/>		INSURANCE CO OR AGENT Grange # FA3918555			
DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI) Mohamad, Yara				ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) 5877 Pepperridge, Maineville, Oh											
PHONE NO. 513-709-9477		BIRTH DATE m y		AGE 		SEX 		SOCIAL SECURITY NO. -		STATE Oh		DRIVER'S LICENSE NO.		OCCUPATION	
OWNER (IF SAME AS DRIVER, WRITE SAME) same				ADDRESS same				PHONE -							
VEH YR 2005		MAKE Mazda		MODEL RX8		COLOR Pur		STYLE 2		STATE OH		LICENSE PLATE NO. EWU1812		TOWING SERVICE None	
VEH/PED DIR FROM TO															
CIRCLE DAMAGE AREAS 1 2 3 4 5 6 7 8		9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER		DAMAGE SEVERITY <input checked="" type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		DAMAGE SCALE <input type="checkbox"/> NONE <input checked="" type="checkbox"/> LIGHT <input type="checkbox"/> MODERATE <input type="checkbox"/> HEAVY		VEHICLE DISPOSITION <input checked="" type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED		FIRE <input checked="" type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE					
8 UNIT NO. 2		NO OF OCCUPANTS 1		OPERATING <input checked="" type="checkbox"/>		PARKED <input type="checkbox"/>		DRIVERLESS <input type="checkbox"/>		HIT & RUN NON CONTACT <input type="checkbox"/>		INSURANCE CO OR AGENT Westfield Ins # WNP7256459			
DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI) Russell, Lee				ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) 1872 Lebanon Rd, Clarksville, Oh											
PHONE NO. 513-582-9458		BIRTH DATE m y		AGE 		SEX 		SOCIAL SECURITY NO. -		STATE		DRIVER'S LICENSE NO.		OCCUPATION	
OWNER (IF SAME AS DRIVER, WRITE SAME) Same				ADDRESS				PHONE							
VEH YR 2011		MAKE Chevrolet		MODEL Camaro		COLOR Sil		STYLE 2dr		STATE OH		LICENSE PLATE NO. 617-YHN		TOWING SERVICE	
VEH/PED DIR FROM TO															
CIRCLE DAMAGE AREAS 1 2 3 4 5 6 7 8		9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER		DAMAGE SEVERITY <input checked="" type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		DAMAGE SCALE <input type="checkbox"/> NONE <input checked="" type="checkbox"/> MODERATE <input type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY		VEHICLE DISPOSITION <input checked="" type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED		FIRE <input checked="" type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE					
C FROM UNIT NO.		NAME (LAST, FIRST, MI)		BIRTH DATE m y		AGE 		SEX		POSITION A B C D E F		INJURIES A B C D E F			
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LOCAL REPORT NO.	DESCRIBE WHAT HAPPENED REFER TO UNITS BY NUMBER
	Unit # 1 was backing out of a parking space and backed into Unit # 2 that was in the lane
of travel. Moderate damage, No injury. Both parties insured. Unit # 1 at fault for improper backing.	

WEATHER 1 NO ADVERSE WEATHER 2 RAIN 3 SNOW 4 FOG 5 HIGH WIND 6 OTHER		1	FIRST HARMFUL EVENT 3		
ROAD CONDITIONS 1 DRY 2 WET 3 SNOW 4 ICE 5 DIRT/SAND 6 OTHER		1	TWO MV IN TRANSPORT 1 HEAD ON 2 REAR-END 3 BACKING 4 SIDESWIPE MEETING 5 SIDESWIPE PASSING 6 ANGLE		
LIGHT 1 DAYLIGHT 2 DAWN 3 DUSK 4 DARK NO LIGHTS 5 DARK-LIGHTED 6 OTHER		1	ONE MV IN TRANSPORT (COLLISION) 7 PARKED MOTOR VEH 8 PEDESTRIAN 9 ANIMAL 10 TRAIN 11 PEDALCYCLE 12 OTHER NON-M V 13 FIXED OBJECT 14 OTHER OBJECT (NON-COLLISION) 15 FALL FROM OR IN VEH 16 OVERTURNING 17 OTHER NON-COLLIS		
ROAD CONTOUR 1 STRAIGHT LEVEL 2 STRAIGHT GRADE 3 CURVE LEVEL 4 CURVE GRADE			LOCATION 1 INTERSECTION 2 INTERSECTION-RELATED 3 DRIVEWAY ACCESS 4 RAILROAD CROSSING 5 BRIDGE-PASSING OVER 6 BRIDGE-PASSING UNDER 7 NON-INTERSECTION 8 PRIVATE PROPERTY		
OCCURRENCE 1 ON ROADWAY 2 OFF LEFT SIDE 3 OFF RIGHT SIDE 4 ON OPPOSING LANE OF A DIVIDED HIGHWAY			RAMP LETTER CODE		
SPECIAL AREA 1 ROAD CONSTRUCTION 2 SCHOOL ZONE 3 MAINTENANCE AREA					
TYPE OF UNIT # 1		A	5	PRE-CRASH ACTIONS 10	CONTRIBUTING FACTOR - 10
CAR 1 SUB-COMPACT 2 COMPACT 3 MID SIZE 4 FULL SIZE TRUCK 5 PICKUP 6 PANEL/VAN 7 STRAIGHT TRUCK 8 STRAIGHT TRUCK AND TRAILER 9 TRACTOR 10 TRACTOR & SEMI-TRAILER 11 TRACTOR & DOUBLE TRAILER MOTORCYCLE 12 MC UP TO 350CC 13 MC351CC TO 750CC 14 MC OVER 751CC IS MOTORIZED BICYCLE		Bus 16 SCHOOL 17 CHURCH 18 PUBLIC BUS EMERGENCY 19 POLICE VEHICLE 20 FIRE TRUCK 21 AMBULANCE/RESCUE OTHER 22 TAXI 23 MOTOR HOME 24 TRAIN 25 FARM VEHICLE 26 FARM EQUIPMENT 27 SNOWMOBILE 28 CONSTRUCTION EQUIP 29 ANIMAL W/RIDER 30 ANIMAL W/BUGGY 31 BICYCLE 32 ALL OTHERS P = PEDESTRIAN		DRIVER ACTIONS 1 GOING STRAIGHT 2 TURNING RIGHT 3 TURNING LEFT 4 TURNING ON RED LIGHT 5 U TURN 6 STOPPED TO TURN 7 STOPPED IN TRAFFIC 8 PARKING/UNPARKING 9 PARKED 10 BACKING 11 PASSING 12 CHANGING LANES 13 MERGING/EXITING 14 OUT OF CONTROL 15 SWERVING 16 DRIVERLESS VEH 17 OTHER DRV ACTIONS PEDESTRIAN ACTIONS 18 CROSSING IN X-WALK 19 CROSSING OTHER THAN X-WALK 20 WALKING IN ROAD (WITH TRAFFIC) 21 WALKING IN ROAD (AGAINST TRAFFIC) 22 PLAYING IN ROAD 23 WORKING ON ROAD 24 ENTERING OR LEAVING VEHICLE 25 PUSHING/WORKING ON VEH IN ROAD 26 OTHER IN ROAD 27 ON SIDEWALK OR SHOULDER	
SPEED UNIT EST. LEGAL A 5 15 B 5 15		MC HELMET USE UNIT DRIVER PASS A A B B		VEHICLE DEFECTS CODE IF CONTRIBUTING FACTOR IS 18 PRIMARY SECONDARY	
PLEASE CHECK TO SEE THAT ALL BOXES ARE CLEAR ENOUGH TO BE MICROFILMED		1 NO HELMET 2 FULL COVERAGE 3 FULL FACIAL COVER 4 OTHER TYPE HELMET		1 TURN SIGNALS 2 HEAD LAMPS 3 TAIL LAMPS 4 BRAKES 5 STEERING 6 TIRE BLOWOUT 7 WORN OR SLICK TIRES 8 TRAILER EQUIPMENT DEFECTIVE 9 MOTOR TROUBLE 10 DISABLED FROM PRIOR ACCIDENT 11 OTHER DEFECTS	